

Eligibility

Division of Health Care Financing
Medicaid Services to Low Income Families - March 3, 2005



Low-Income Family Eligibility

Some children are automatically covered by Medicaid:

- Children eligible under a foster care (both Title IV-E and State programs) program, not including children meeting Kinship Care requirements (who must qualify under regular Medicaid rules).
- Children eligible under the subsidized adoption program, also known as adoption assistance.



Mandatory AFDC Medicaid Eligibility

- Families with dependent children are eligible for Medicaid coverage if they would have been eligible for the AFDC cash assistance program in place on 7/16/96:
 - Children under age 18, pregnant woman in their 8th or 9th month of pregnancy and caretaker relatives, who
 - Meet AFDC non-financial requirements, and
 - The household income is no more than the AFDC payment level, calculated using the AFDC financial methodologies and certain disregards and deductions.
- There is no asset test. The asset test was removed as a condition of the BadgerCare waiver.



AFDC-Related Medicaid Eligibility

- This is an optional eligibility group.
- Families with dependent children are eligible for Medicaid coverage if they meet AFDC-related Medicaid criteria:
 - Children under age 19 and pregnant women regardless of trimester,
 - Having net income at or below the AFDC assistance standard effective 7/16/1996, which is higher than the AFDC payment levels, calculated using AFDC-based financial methodologies.



AFDC and AFDC-Related Financial Criteria

Categorically Needy Monthly Financial Eligibility Standards *

<u>Family Size</u>	<u>AFDC ** Payment Level</u>	<u>AFDC-Related Assistance Standard</u>
1	\$249 = 31% FPL	\$311 = 39% FPL
2	\$440 = 41% FPL	\$550 = 51% FPL
3	\$518 = 39% FPL	\$647 = 48% FPL
4	\$618 = 38% FPL	\$772 = 48% FPL
5	\$708 = 38% FPL	\$886 = 47% FPL

* For urban counties - standards for northern counties are somewhat lower.

** AFDC payment levels in effect 7/16/1996.



AFDC-Related Eligibility - Medically Needy

- This is an optional eligibility group.
- Children and pregnant women can qualify for Medicaid coverage by spending down their income in excess of the AFDC-related medically needy income limit through incurred medical expenses.
- The medically needy income limit for AFDC-related Medicaid is 133% of the AFDC payment level.
- Essentially, this eligibility option has been supplanted by BadgerCare.



AFDC-Related Medically Needy Criteria

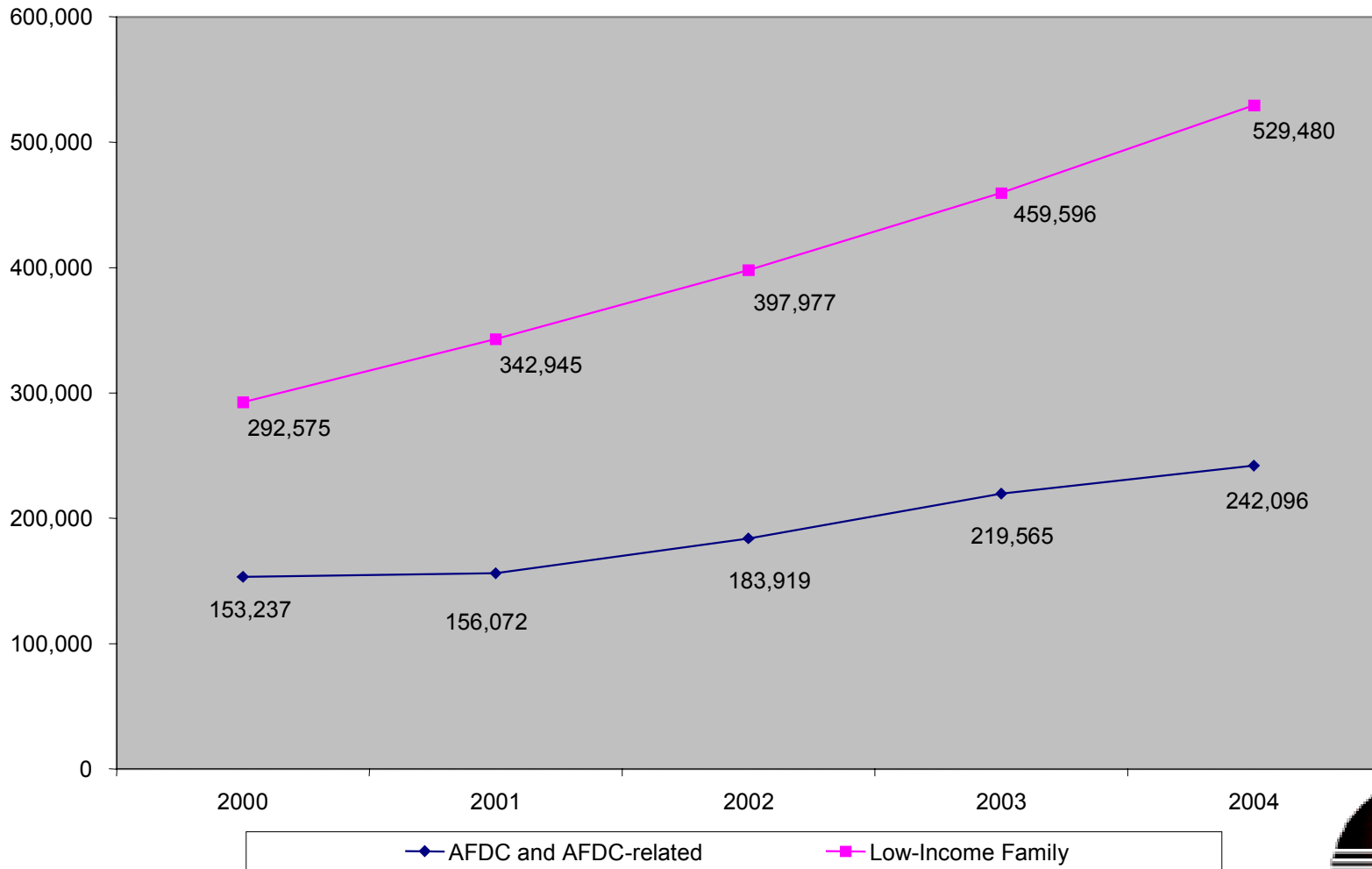
Medically Needy Monthly Financial Eligibility Standards *

<u>Family Size</u>	<u>AFDC-Related Assistance Standard**</u>
1	\$592 = 74% FPL
2	\$592 = 55% FPL
3	\$689 = 51% FPL
4	\$823 = 51% FPL
5	\$944 = 51% FPL

* For urban counties. Standards for northern counties are somewhat lower.



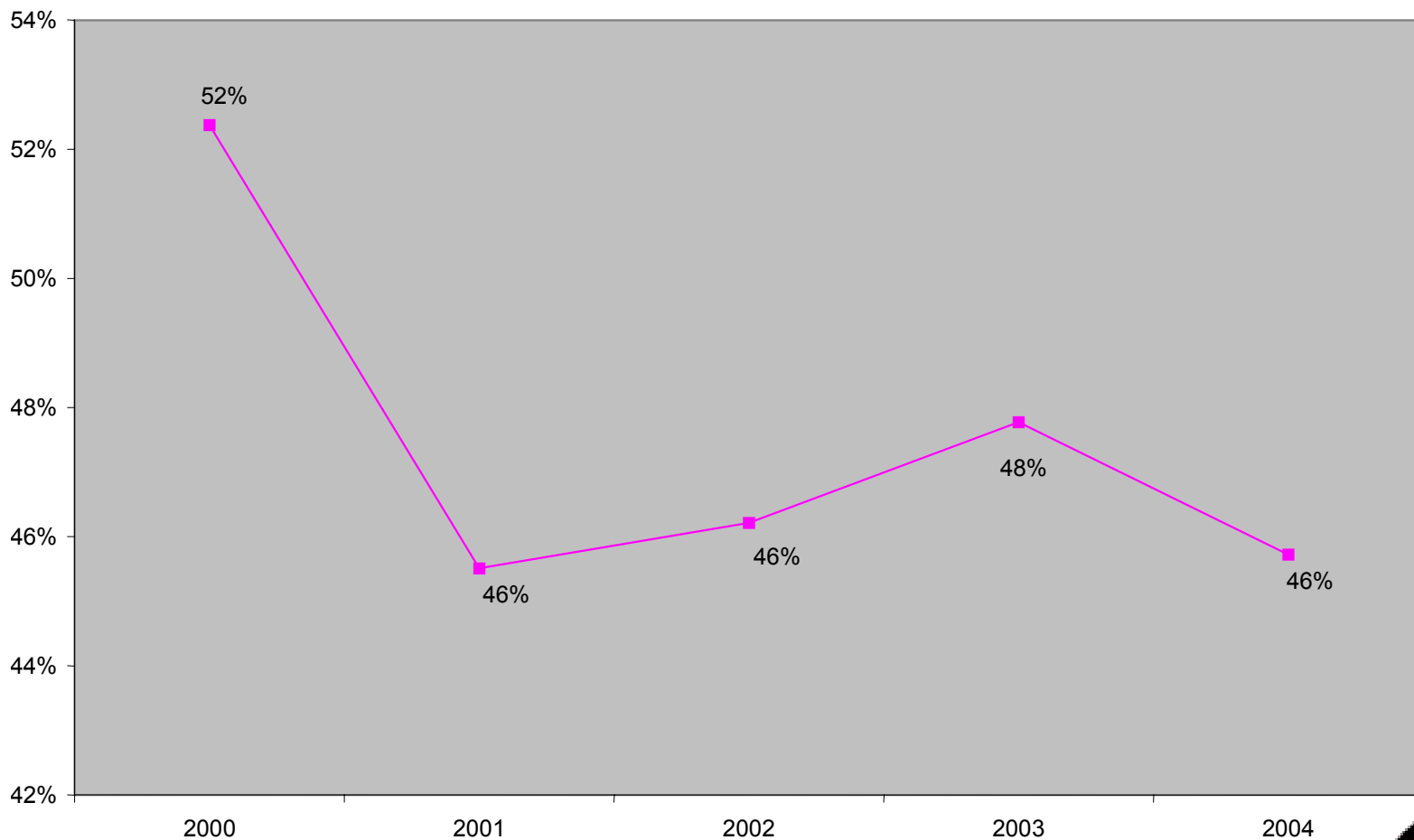
Average Monthly AFDC and AFDC-Related Eligibles SFY 2000 - 2004



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AFDC and AFDC-Related as a Percent of Total Low-Income Family Eligibles - SFY 2000 - 2004



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Healthy Start

- Since the 1980's, there have been changes to federal law which expand Medicaid coverage to more low-income pregnant women and children who do not meet the AFDC and AFDC-related criteria.
- In Wisconsin, this is called Healthy Start.
- Healthy Start is limited to:
 - Pregnant woman and children under age 6 in families with income at or below 185% FPL.
 - Children ages 6 to 19 in families at or below 100% FPL but above the AFDC and AFDC-related limits.



Healthy Start Financial Criteria

Pregnant Woman and Children Under Age Six

<u>Family Size</u>	<u>Mandatory Eligibility</u>	<u>Optional Eligibility</u>
1	\$1,061 = 133% FPL	\$1,476 = 185% FPL
2	\$1,422 = 133% FPL	\$1,978 = 185% FPL
3	\$1,784 = 133% FPL	\$2,481 = 185% FPL
4	\$2,145 = 133% FPL	\$2,984 = 185% FPL
5	\$2,506 = 133% FPL	\$3,989 = 185% FPL



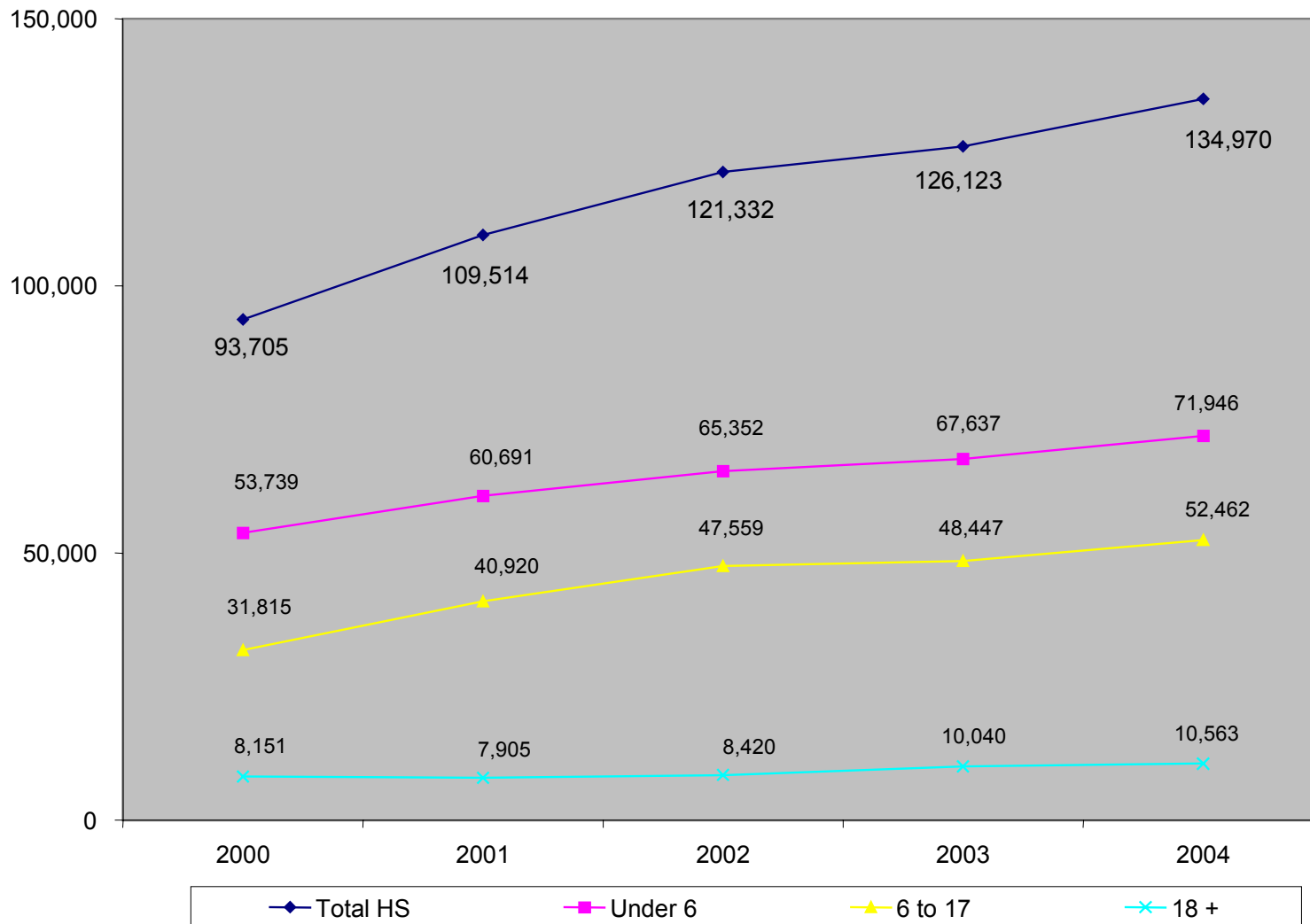
Healthy Start Financial Criteria

Children Ages Six through Eighteen

<u>Family Size</u>	<u>Mandatory Eligibility</u>
1	\$798 = 100% FPL
2	\$1,070 = 100% FPL
3	\$1,341 = 100% FPL
4	\$1,613 = 100% FPL
5	\$1,885 = 100% FPL



Average Monthly Health Start Eligibles SFY 2000 - 2004



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Transitional Eligibility

Under certain conditions, federal law requires states to extend eligibility to:

- Families that would have lost AFDC eligibility due to employment income for up to 12 months, if they have been eligible for AFDC or AFDC-related Medicaid in 3 of the last 6 months.
- Families that would have lost AFDC eligibility due to child support payments for up to 4 months, if they have been eligible for AFDC or AFDC-related Medicaid in 3 of the last 6 months.



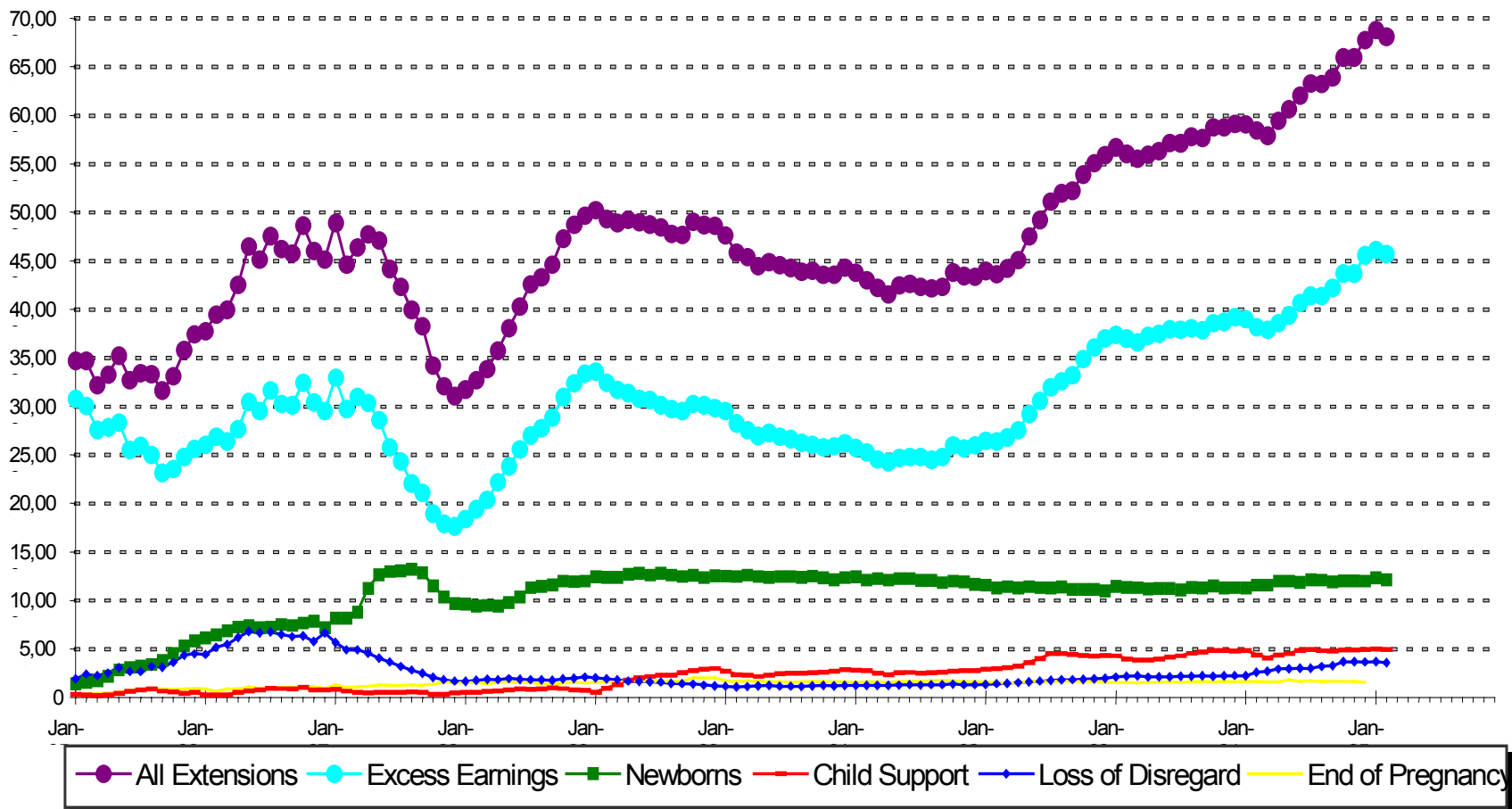
Transitional Eligibility

Under certain conditions, federal law requires states to extend eligibility to:

- Medicaid-eligible pregnant women through the end of month, 60 days after the end of her pregnancy, regardless of income changes.
- Infants whose mothers were eligible for full-benefit Medicaid on their dates of birth for 12 months.



Medicaid Extensions by Type



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Presumptive Eligibility for Pregnant Women

- Presumptive eligibility for pregnant women is mandatory under federal law.
- A period of presumptive Medicaid eligibility is available for pregnant woman to ensure they have access to prenatal care.
- Presumptive eligibility begins on the day a qualified provider determines that household income meets the eligibility criteria, based on patient declaration.
- If a woman is determined to be presumptively eligible for Medicaid but is later found to be ineligible at the time she received services, Medicaid will still pay the provider for services during the period of presumptive eligibility.

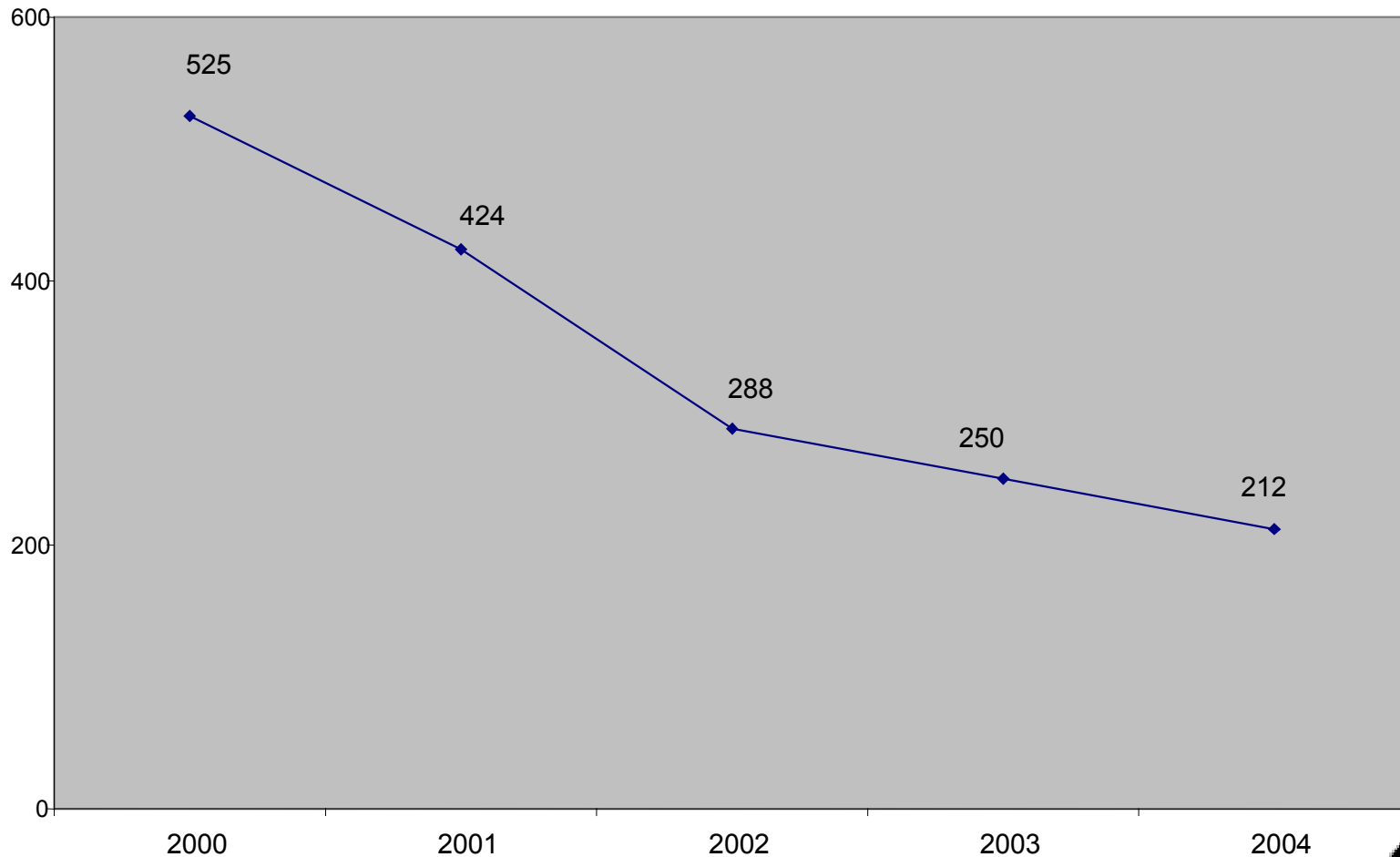


Presumptive Eligibility for Pregnant Women

- Presumptive eligibility ends when:
 - The woman applies for Medicaid and is determined to be eligible.
 - The woman applies for Medicaid and is determined to be ineligible.
 - If the woman does not apply for Medicaid, the last day of the month following the month when eligibility was presumed.



Average Monthly Presumptively Eligible Pregnant Women SFY 2000 - 2004



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